



PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|--------------|
| | | Application Number | 10/806,873 |
| | | Filing Date | 3/23/2004 |
| | | First Named Inventor | James Hess |
| | | Art Unit | 3753 |
| | | Examiner Name | Kevin L. Lee |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 595-01 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------|----------|--------|
| Firm Name | William H. Eilberg | | |
| Signature | | | |
| Printed name | William H. Eilberg | | |
| Date | 3/11/2005 | Reg. No. | 28,009 |

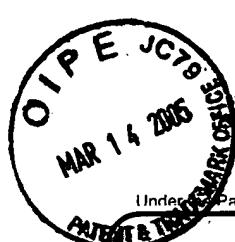
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|--------------------|------|-----------|
| Signature | | | |
| Typed or printed name | William H. Eilberg | Date | 3/11/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

Complete if Known

| | |
|----------------------|--------------|
| Application Number | 10/806,873 |
| Filing Date | 3/23/2004 |
| First Named Inventor | James Hess |
| Examiner Name | Kevin L. Lee |
| Art Unit | 3753 |
| Attorney Docket No. | 595-01 |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
| | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

| <u>Small Entity</u> |
|---------------------|
| Fee (\$) |

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

$$19 - 20 \text{ or HP} = 0 \times 0 = 0$$

HP = highest number of total claims paid for, if greater than 20.

Fee (\$) Fee Paid (\$)

$$8 - 3 \text{ or HP} = 5 \times 100 = 500.00$$

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$) Fee Paid (\$)
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} - 100 = \text{Extra Sheets} / 50 = \text{Number of each additional 50 or fraction thereof} \times \text{Fee ($)} = \text{Fee Paid ($)}$$
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

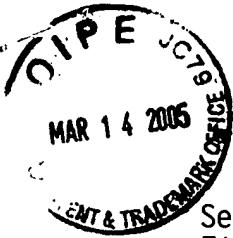
Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|-----------------------------------|--------|-----------|--------------|
| Signature | William H. Eilberg | Registration No. (Attorney/Agent) | 28,009 | Telephone | 215-885-4600 |
| Name (Print/Type) | William H. Eilberg | | | Date | 3/11/2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. 10/806,873
Filed: March 23, 2004
Inventors: James Hess et al
Title: SAFETY DEVICE FOR PROPANE TANKS
Examiner: Kevin L. Lee
Art Unit: 3753
File No.: 595-01

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants submit this Amendment in response to the Official Action of December 13, 2004. Please amend the above-identified application as follows.

03/15/2005 LWONDIM1 00000015 10806873

01 FC:2201 500.00 0P

Attached are:

- 1) Amendments to the Claims; and
- 2) Remarks in support of patentability.

After entry of this Amendment, the number of independent claims is 8, and the number of total claims is 19. The number of independent claims previously paid for is 3. Thus, this Amendment presents five additional independent claims, for which the fee is \$500.00. Payment of \$500 is enclosed.

For the reasons given in the attached Remarks, Applicants request reconsideration by the Examiner and early favorable action. If the Examiner has questions, Applicant requests that he telephone the undersigned to expedite the prosecution of this case.

Respectfully submitted,

William H. Eilberg

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Suite 501 West
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215-885-4600

Attorney for Applicants

I HEREBY CERTIFY THAT THIS CORRESPONDENCE
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BY *William H. Eilberg*

DATE *3/11/05*